

STATE OF MAINE
WATER WELL DRILLING COMMISSION
161 CAPITOL STREET
#11 STATE HOUSE STATION
AUGUSTA, MAINE 04333-0011
(207) 287-5699 FAX (207) 287-3165 TDD (207) 287-2070

PUMP INSTALLERS EXAMINATION APPLICATION

I _____, in accordance with 32 MRSA §4700-J hereby apply to sit for the well pump installer examination, certify that I have been actively engaged in the trade of installing well pumps and have a minimum of three (3) years experience and have worked at least 350 hours as a pump installer during those years, have enclosed the required application/examination fee, reference forms, and will take the examination as required by 32 MRSA §4700-I §§4 at a time and place specified by the Commission. I have stated my pertinent work history on the back of this form, as required by Section D-202.0 of the Well Driller and Pump Installer Rules.

PLEASE TYPE OR PRINT IN INK

Name of Applicant _____

Address _____

Telephone _____ Social Security # _____

Signature _____

BE SURE TO COMPLETE WORK EXPERIENCE SECTION ON BACK

Employer/Company Name _____

Address _____

Telephone _____ Federal ID # _____

If a partnership, attach names and addresses of partners. If a privately held corporation, attach names and addresses of all officers and directors.

Are you a licensed pump installer in another state? _____

If yes, what state _____

REFERENCES:

Enclosed are three (3) reference forms. Please have these completed and return with your application.

APPLICATION REVIEW/EXAMINATION FEE \$25.00 - MAKE CHECK PAYABLE TO STATE TREASURER AND SUBMIT WITH THE COMPLETED APPLICATION TO: Maine Water Well Drilling Commission, Health Engineering, State House Station 10, Augusta, ME 04333-0010

NOTE: Exam Questions are taken from Chapters 2 - 16 of the "Water Systems Handbook" 10th Edition, Published by Water System Council, and the "State of Maine Well Drillers and Pump Installers Rules"

This book can be purchased through the Water System Council, order form enclosed.

As per Section D-202.0 of the Well Drillers and Pump Installers Rules, I have gained my three (3) years experience and have worked at least 350 hours as a pump installer during those years in the trade as follows:

EMPLOYER: _____
ADDRESS: _____
TELEPHONE: _____
SUPERVISOR: _____ TELEPHONE _____
DATES OF EMPLOYMENT:
FROM: _____ TO: _____
POSITION/DUTIES: _____

EMPLOYER: _____
ADDRESS: _____
TELEPHONE: _____
SUPERVISOR: _____ TELEPHONE _____
DATES OF EMPLOYMENT:
FROM: _____ TO: _____
POSITION/DUTIES: _____

EMPLOYER: _____
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